

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001256

1. Entity Name
COCONUT GROVE PT HOTEL CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 MAY 30 AM 11:53

Principal Place of Business
3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD CT 06904-7900

Mailing Address
C/O CSC
1201 HAYS ST
TALLAHASSEE FL 32301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1419025

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES ST.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEDERECHT, DAVID W 3003 SUMMER ST. STAMFORD CT 06904-7900	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STRONE, MICHAEL J 3003 SUMMER ST. STAMFORD CT 06904-7900	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEVANTI, STEPHEN J 3003 SUMMER ST. STAMFORD CT 06904	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Leanne R. Dunn 3003 Summer St Stamford, CT 06904	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Patricia Lane 3003 Summer St Stamford, CT 06904	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/IT DAVID MARYLES 3003 SUMMER STREET STAMFORD, CT 06904	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 111171-8630A

AUTHORIZATION :

COST LIMIT : \$ 550.00

Patricia Figg

ORDER DATE : May 29, 2003

ORDER TIME : 10:14 AM

ORDER NO. : 111171-015

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gept
Ge Investment Co. (real
Registered Agent Department
2711 Centreville Rd
Wilmington, DE 19808

ANNUAL REPORT FILING

NAME: COCONUT GROVE PT HOTEL
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____

RECEIVED
03 MAY 30 AM 10:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA